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ABSTRACT

Noting that resurgence of the "orphanage" controversy has recently brought public attention to the child welfare system in Minnesota, this report notes that the child welfare system is not well understood and focuses debate on the needs of children who cannot live at home. Following introductory remarks and highlights from the text, the report describes characteristics of the Minnesota welfare system, including a discussion of the best interest of the child as the system's guiding concept, legislation shaping the system, licensing rules, and the continuum of care. Children entering the child welfare system are described and placement data for the year 2000 are presented. The report next discusses the needs of several child populations of concern: fragile infants with medical conditions, multiple problem children, older adolescents with a history of problems, homeless Native American youth, adolescents needing an acute care response in a hospital setting, and children in large sibling groups. Evidence from the child welfare field is presented to highlight that placement in large institutions is unsuitable for young children, that young children in family settings have better developmental outcomes, and that permanency is lessened under institutional care. The report then explores the possibility of educational academies as an option for older, intellectually competent children. A recommendation that a moratorium be enacted and a study of children's needs be conducted before large-scale institutions be considered for care of children unable to remain at home concludes the report. Appended are: Federal Policy Framework for Child Welfare Practice; Components of the System of Care; and Reviving the Orphanage Option for Children Who Cannot Remain in the Family: An Historical Note. (Contains 45 references.) (KB)

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A BRIEFING PAPER ON THE MINNESOTA CHILD WELFARE SYSTEM

Responding to the Needs of Children Unable to Live At Home

Esther Wattenberg, Professor
Center for Advanced Studies in Child Welfare
School of Social Work
Center for Urban and Regional Affairs

Constance Fumea, M.P.P. Candidate

April, 2002

UNIVERSITY OF MINNESOTA

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Constance Fumea, M.P.P. Candidate

Center for Advanced Studies in Child Welfare
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University of Minnesota

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Center for Advanced Studies in Child Welfare
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The responsibility for the data and other components of this paper rests solely with the author.

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HIGHLIGHTS

A Briefing Paper on the Minnesota Child Welfare System: Meeting the Needs of Children Unable to Live at Home

Introduction

The "orphanage" controversy has, briefly, brought public attention to the field of child welfare. This system, carved out of federal mandates, state laws, legislative oversight, county practices, and the interactive systems of the courts, mental and public health, education, and income maintenance programs, is not well understood. The enclosed pieces are offered to clarify the issues in the "orphanage" debate and to provide a framework of factual data and research findings on the constantly evolving child welfare system.

The purpose is to focus the "orphanage debate" on the needs of our most vulnerable children.

Placement Data for the Year 2000 (last available data)[1]

- 18,451 children experienced an incident of out-of-home placement for one or more days.
- Of 18,451 children in placement, more than 62% received care from foster families; 18.6% received care in group facilities; 37.4% received care in residential treatment centers. A child may have experienced more than one placement.
- For all discharges from care, 75% were reunifications with parents; 6.6% with relatives; and 4.6% were adoptions.

Permanency for Children

More than 81% of the children are re-unified with parents or relatives: 75% with parents; 6.6% with relatives. 4.6% are adopted.

Children do not languish in care.

Out-of-home placement is considered a brief and temporary episode for most children.

Children in Temporary Care

- More than half (57%) of the children were in care for less than six months. 27% of the children spend 30 days or less in care within 2000.
- *More than 87% of children had only one placement in 2000.*

Children in Long-Term Care

- The total number of children remaining in care at the end of 2000 was 8,109. Almost 35% (2,825) had been in care for two years or more, and 803 were wards of the state.
- More than 82% of children in long-term care were adolescents between the ages of 12 and 18.

[1] Minnesota Department of Human Services Children's Research, Planning and Evaluation Division,. March/April, 2002.

Red Flags of Concern: The Age Factor; Large Sibling Groups; Homeless Youth; Children Hospitalized for Acute Care

The Age Factor Presents Concerns[2]

0 to 3

- Very young children, infants and toddlers, of severely ill and neglecting parents, enter the system with serious neurological conditions and severe cognitive developmental delays due to fetal alcohol syndrome.
- Infants and toddlers (age 0-3) comprise almost 12% (2,158) of children in out-of-home care, in the year 2000. A significant proportion of these children end up with multiple placements due to difficulty of care.

4 to 11

- Pre-school and school-age children's needs (4-11) are chiefly met by relative and non-relative foster care. Fewer disruptive placements occur with this age group. Mental health services are not easily available for this group.

12 to 18

- Older adolescents with a history of multiple placements, despite intensive counseling services, have interlocking conditions including major health problems, emotional disabilities, destructive behavioral symptoms, developmental disabilities, and few, if any, family resources. An average age for these adolescents is 15.[3]
- A history of running and disruptive placements is pervasive among this group.
- Multiple placements are often a result of behaviors that are destructive of self and others;[4] behaviors that are often verbally and physically assaultive; sometimes suicidal; and in some cases sexually inappropriate. Incidents of vandalism are also reported.
- Children with multiple placements have increased rates of incarceration.[5]

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[2] Minnesota Department of Human Services: Children's Research, Planning and Evaluation Division. "Single Age of Children in Out-of-Home Placements". March 11, 2002.

[3] Hennepin County Children and Family Services Department. (2001) *Recommendations for the Solicitation of Permanency Services for State Wards and Long-Term Foster Care Youth.*

[4] Farmer, E.M.Z. (2000). "Issues Confronting Effective Services in Systems of Care". *Children and Youth Services Review,* 22(8), 627-650.

[5] Jonson-Reid, M. & Barth, R. (2000). "From Placement to Prison: The Path to Adolescent Incarceration from Child Welfare Supervised Foster or Group Care". *Child and Youth Services Review,* 22(7), 493-516.

Placement Data: Youth 12-18

In a given year in Hennepin County, about 20 percent of permanency youth (long-term foster care and wards of the state) will experience some kind of problem in placement, and approximately ten percent of permanency youth will experience one or more significant disruptions in placement.

This small group of youth (estimated at 70-85 in Hennepin County) spends a considerable amount of time in emergency shelter or "on run."

Under discussion is the development of small group homes with 24-hour supervision and intensive wrap-around services.

Children in Large Sibling Groups

The recruitment of family foster homes for these children is a strenuous task. In some instances, children are separated because of differing therapeutic needs of their siblings. During review hearings, intense discussion often occurs regarding whether recruitment should include the entire group or a sub-group. Factors to be considered in sibling placements are: children of different fathers, in the same family, may not be bonded; some siblings may have special needs; the siblings may have different histories in their history of relative placements.

The permission of the Commissioner of the Minnesota Department of Human Services must be obtained before siblings are separated for the purpose of adoption.

Large sibling groups require enormous attention, including searches for relative placements, and complexities of interstate placements and oversights.

Observations on Sibling Placements

- In Hennepin County, of 1,718 children in placement in March, 2002, 823 (48%) have no siblings in placement.
- Among children in placement, 895 (52%) have one or more siblings in placement.
- Of the children with siblings in placement, two-thirds (396) are placed together and one-third (207) are in a split sibling group.
- Among the reasons for children not being placed together, the following have been identified:
  - -- one or more sibling may be placed in a RTC or correctional facility or on the run
  - -- assault or sexual perpetration among the siblings
  - -- large sibling groups may be split, voluntarily, among relatives

If siblings are separated, attention must be paid to visitation and on-going contact.

The numbers of large siblings groups (5 or more siblings) are not available at this time, but are estimated to be relatively small in number.

Homeless Youth[6]

- On any given night in Minnesota, an estimated 660 unaccompanied youth, aged 10-17, are without permanent shelter.
- More than 50% are persons of color: African-Americans and Native Americans are particularly over-represented.
- Two-thirds of all homeless youth (67%) have experienced some type of out-of-home placement.
- 47% percent have been physically abused.

Homeless Native American Youth

A special issue relates Native American youth who are homeless. Disruptive family conditions and poverty contribute to homelessness. A high number are runaways from shelter and family foster care. These children face survival difficulties and school attendance issues. At "Four Directions," the charter school serving Native American students at risk of academic failure, 22 percent of the children are homeless. Female students enter relationships with adult men in exchange for a place to stay, and often become pregnant.[7]

Adolescents Needing an Acute Care Response in a Hospital Setting[8]

There are 64 beds available for short-term hospital care, usually 40 days or less (40 beds in Willmar; 24 in Brainerd). Typically, these are for older adolescents (12-18) with serious substance abuse symptoms, coupled with severe emotional disturbance. Admission and discharge decisions are usually governed by team conferences. These youngsters have a history of multiple placements. A resident psychiatrist is an important resource in these placements. The extent to which 64 beds is a sufficient response to these adolescents in need of acute care requires further study.

> Children of color are over-represented in the out-of-home placement system compared to the number of children of color in the general population.

Note: Two populations of children were not included in this review—children and youth in the correction system and adolescent mothers and their children. These populations fall, to a large extent, outside of the child welfare system. An assessment of their needs is under discussion elsewhere.[9]

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[6] *Wilder Foundation Survey of Unaccompanied Youth*. October, 2000

[7] Buchanaga, Gertrude. Upper Midwest Indian Center.

[8] Telephone conversation with Mike Tessner, Minnesota Department of Human Services, February 28, 2002.

[9] "Delinquents Under Ten: Targeting the Young Offender". Institute of Criminal Justice, University of Minnesota Law School.; and "Assessing the Impact of Welfare Reform on Teen Parents: A Planning Activity Led by the Minnesota Organization on Adolescent Pregnancy, Prevention and Parenting." St. Paul, Minnesota, September 2000.

What Works and What Doesn't: Evidence From the Field

Placement in Large Institutions is Unsuitable for Young Children

- Young children in institutional care are extremely vulnerable to medical and psychological problems.[10]

- Children with mild behavior problems deteriorate during institutional placement.[11]

- Children with Severe Emotional Disturbance worsen when placed in large-scale institutional care.[12]

Wisconsin, along with other states, prohibits the placement of children under 12 in institutional care.

Young Children in Family Settings Have Better Developmental Outcomes

- Outcomes for positive emotional and social development and attachment relationships are more favorable for children in family foster care and kinship care.[13]

Permanency, a Stable Placement for Children with Lifetime Attachments, Is Lessened Under Institutional Care

- Children are less likely to achieve permanency when placed in institutional care, as opposed to foster and kinship care.[14]

- Strong visitation programs with parents, kin, and siblings are not usually emphasized in large-scale institutional care.[15]

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[10] Frank, D., Klass, P., Earls, F., & Eisenberg, I. (1996). "Infants and Young Children in Orphanages: One View from Pediatrics and Child Psychiatry". *Pediatrics*, 97(4), 569-578.

[11] Little, M. "Debating the Options for Adolescents at Risk," Forum at the University of Minnesota. December 5, 2001.

[12] Tizard, B. & Rees, J. (1975). "The Effect of Early Institutional Rearing on the Development of Eight-Year-Old Children". *The Journal of Child Psychology and Psychiatry, 19*. 99-118.

[13] Berrick, J.B., Barth, R.P., Needell, B. & Jonson-Reid, M. (1997). "Group Care and Young Children". *Social Services Review*, 71, 257-274.

[14] Barth, R. (2002). "Institutions vs. Foster Homes: The Empirical Base for the Second Century of Debate". Jordan Institute for Families. University of North Carolina, unpublished paper.

[15] Courtney, M.E., Piliavin, I., Grogan-Kaylor, A. & Nesmith, A. (2001). "Foster Youth Transitions to Adulthood: A Longitudinal View of Youth Leaving Care". *Child Welfare*, 80(6), 685-717.

Permanency is More Likely to be Achieved in Family Foster Care and Kinship Placement

- Children in kinship care experienced more stability in care than in other kinds of placements.[16]

- Family foster care works directly toward family reunification, adoption, or transitional living support.[17]

An Emphasis on Family Involvement is Neglected in Large Institutions

Yet . . .

- Family involvement is strongly associated with obtaining better outcomes for adolescents with serious mental health problems.[18]

- Unsuccessful family reunification contributes to increased rates of youth incarceration. [19]

- Services required to help with the transition back into the community (schools, recreation, community-based health services) are usually not emphasized in large-scale institutional care settings. Little evidence exists that attention is paid to aftercare transitions.[20]

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[16] Webster, D., Barth, R.P., & Needell, B. (2000). "Placement Stability for Children in Foster Care: A Longitudinal Analysis". *Child Welfare*, 79, 614-632.

[17] Minnesota Statutes 256F.01.

[18] Whittaker, J.K. (2000). *What Works in Residential Care and Treatment: Partnerships With Families. In M. Kluger, G. Alexander and P. Curtis (Eds.) What Works In Child Welfare?* (177-186). Washington, DC, Child Welfare League of America.

[19] Jonson-Reid, M. & Barth, R. (2000). "From Placement to Prison: The Path to Adolescent Incarceration from Child Welfare Supervised Foster or Group Care". *Child and Youth Services Review*, 22(7), 493-516.

[20] Leichtman, M., Leichtman, M.L., Barber, C.C., & Neese, T. (2001). "Effectiveness of Intensive Short-Term Residential Treatment with Severely Disturbed Adolescents". American Journal of Orthopsychiatry, 71(2), 227-235.

Do Educational Academies Offer an Option?

The residential educational academy.

Who benefits? Children who are:[21]

- 12 years or older;
- intellectually competent;
- functional in their social relationships;
- from a generally stable family environment;
- voluntary participants in an "academy," which concentrates on their educational program.

Quotation from Dr. Michael Little:

"Every effective children's services system has some residential provision.

The question is how much? For whom? What type?"

The academies are funded by a $12 million appropriation passed by the Legislature in 1998, when then Governor Arne Carlson signed the nation's first legislation forming state-supported residential educational academies. The academies are intended to offer a safe environment for children who do not function or perform well in traditional schools. Enrollment is voluntary and children must demonstrate a desire to become a student at the academy. Referrals are accepted from the student's parent or guardian, county residence, school, health care provider, or the judicial system. However, a student cannot be sentenced to an educational academy.[22]

At this time, the legacy of Governor Carlson's initiative remains with Synergy Academy, a 64-bed residential academy in North Minneapolis for fourth to sixth graders (few enrollees) and the Covenant Academy[23] in Faribault, with 40 beds (licensed for 80 enrollees). There are 12 enrollees at this time.

It is too early to offer an assessment of this option.

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[21] Little, M. "Debating the Options for Adolescents at Risk," Forum at the University of Minnesota. December 5, 2001.

[22] "Governor Carlson Announces More Residential Academies". *Capitol Roundup December 11, 1998.*

[23] "Covenant Academy is a year-round boarding school offering 7th to 12 grade students a quality education in a supportive living environment. Located in Faribault, Minnesota, the co-ed school serves youth who show academic promise, but need a stable living environment to flourish. Academy students develop academic, leadership, and life skills in partnership with adult role models, and where possible, their families."
"Mission Statement" (2001). Covenant Academy of Minnesota Brochure. Catholic Charities.

Recommendation

The momentum of support for the institutional care of children is driven by a tangle of mixed motives. Certainly, one strand is the belief that the current child welfare system is broken, unable to protect children. The image that is frequently invoked is that of children trapped in foster homes, constantly moving through a series of placements, drifting, in harm's way, through a traumatized childhood. These assertions are factually incorrect. In Minnesota, most children are not languishing in care. The data is clear: more than half of the children were in care for less than six months. Further, more than two-thirds of children had only one placement.[24]

From the foregoing, we conclude that we should enact a moratorium and require a study of children's needs before we seriously consider support for large-scale institutional care, "the orphanage," for children.

We trust that important policy decisions, especially those dealing with high-stake outcomes, the care of vulnerable children for whom we are responsible, will be based on the needs of children and not on whim or unexamined ideology.

[24] Minnesota Department of Human Services, Children's Research, Planning and Evaluation Division.

A Briefing Paper
Responding to the Needs of Children Unable to Live at Home

Introduction and Background

The resurgence of the "orphanage" controversy has recently brought public attention to the child welfare system.[1] This is a system that has been carved out of federal mandates, state laws, legislative oversight, state supervision, county practices, and the interactive judicial system, along with a network of public and private services designed to protect children at risk. Understandably, it is not well understood. The following analysis is intended to provide a framework of factual data and research findings on the constantly evolving elements of the child welfare system. The paper is intended to focus the "orphanage debate" on the *needs* of our most vulnerable children unable to live at home.

The purpose is to focus the "orphanage debate" on the needs of our most vulnerable children.

American law and public policies, as articulated by federal and state statutes, are based on a fundamental principle: the proper and rightful place for children is in the custody, care, and control of their parents. However, this principle is set aside when a minor is found to be abused or neglected. We now enter a triangle of conflicting interests: the right of the family to maintain privacy and integrity in caring for their children; the right of the state, in its constitutional responsibility, to safeguard the well-being of children; and the right of the child to be safe from harm.

The Central Question

What should the community, through its child welfare system, provide for the well-being of children who cannot live at home?

These sometimes conflicting interests of the family, the child, and the state have been reconciled in the clearly articulated policy of the State of Minnesota. The guiding principle, based on the best interests of the child, is to design and provide services and supports necessary to assure every child a safe and permanent home.

Every child, when removed from their family, is entitled to a foster family chosen first among relatives or important friends known to the children, secondly from carefully selected non-family foster homes, and finally from other options, depending on the needs of the child.

Public Policy

The public policy of this state is to assure that all children live in families that offer a safe, permanent relationship with nurturing parents or caretakers. To help assure children the opportunity to establish lifetime relationships, public social services must strive to provide culturally competent services . . .
Minnesota Statutes 256F.01

[1] For purposes of this article, "child welfare" or "child welfare system" refers to the full range of functions and services operated to protect Minnesota's abused, neglected, or dependent children. These functions and services include protective investigations, early intervention services, family preservation and support services, shelter care, foster care, therapeutic foster care, group care, residential care, independent living, post-adjudication case management, post-placement supervision, permanent foster care, and adoption.

Characteristics of the System

The Best Interests of the Child: The Guiding Concept for the Child Welfare System

Placement decisions guided by "the best interests of the child" reflect safety as the paramount concern. *Permanency* is another declared feature of "best interests." Specific *time frames*, reinforce the concept of "best interests."

The Best Interests of the Child

The policy of the state of Minnesota is to ensure that the child's best interests are met by requiring an individualized determination of the needs of the child and of how the selected placement will serve the needs of the child being placed. The authorized child-placing agency shall place a child, released by court order or by voluntary release by the parent or parents, in a family foster home selected by considering placement with relatives and important friends in the following order: (1) with an individual who is related to the child by blood, marriage, or adoption; or (2) with an individual who is an important friend with whom the child has resided or had significant contact.

Minn. Statute 260C.212, subd. 2a., 2001

Three programs offering financial support are available to assure the placement of every child in a permanent home—long-term foster care, relative custody, and adoption assistance.[2]

Every child is entitled to a reconstituted family that can provide benefits of lifetime attachments, when they are removed from the birth family with no possibility of reunification.

Four Pieces of Legislation that Shaped the Child Welfare System[3]

- The Indian Child Welfare Act, P.L. 95-608, 1973, strengthens the role of tribal governments in determining the best interests of Native American children.
- The Adoption Assistance and Child Welfare Act, P.L. 96-272, 1980, prescribes "reasonable efforts" to prevent out-of-home placement.
- The Adoption and Safe Families Act (ASFA), P.L. 105-89, 1997, establishes health and safety of children as paramount considerations; expedites permanency plans; Minnesota has chosen the option of a state focus on children under 8 for time limited decision making (6 months; 1 year for older children).
- The John H. Chafee Foster Care Independence Program, Title I, P.L. 106-169, 1999, provides federal funding for services to prepare youths in care for living independently in the community.

[2] Minnesota Department of Human Services. (June 2001). "Foster Care: Caring for Children in Out-of-Home Placement".

[3] See Appendix I, "The Federal Policy Framework for Child Welfare Practice".

Levels of Scrutiny

> The child welfare system is the most regulated sector of all the human services.

There are various levels of scrutiny. Both federal and state statutes regulate its procedures.[4] The pathway of a child from a report of maltreatment to removal, entry, placement, reunification, episodes of care, and final exit from the system is laid out in some detail as a guide for county practitioners. The Minnesota Department of Human Services supervises child welfare programs, and each of the 87 counties has the responsibility for implementing these programs. Minnesota is one of 11 states with a state supervised and county administered model for child protection. The court has a special obligation to track the placement experience of children. The court reviews the case of every child in placement every 90 days[5] (any party or the county attorney may request a review earlier). When the case is under protective supervision, the court reviews the situation every six months. The permanency plan for children under eight is reviewed at six months, and for older children, at one year.

> **The Judicial System Governs Child Welfare**
>
> The authority of the judicial system guides the decision on a child's fate in the child protection system.

A case plan for permanency, developed with the parents, must include plans for visitation with the birth family and siblings, if separated.

Levels of Care: Least to Most Restrictive

The child welfare system is organized to provide several levels of care to meet the various needs of children. These are:

- Family Foster Home/Kinship Foster Care
- Group Care
- Residential Treatment Centers
- Short-term hospital care for acute emotional disorders.

A major principle:

> **Federal and state laws articulate a major principle:**
>
> Children and youth should be served in the least restrictive safe setting

[4] Under discussion is a unified rule and a single benefits package for children experiencing out-of-home placements; Minnesota Department of Human Services. (February 12, 2002). "Report to the Legislature on the Single Benefit Package for Children Experiencing Out-of-Home Placement".

[5] Minnesota Statutes 260C.212.

Licensing Rules

Licensing rules authorize the framework for out-of-home placements:

Licensing Rules: Least to Most Restrictive

- **Rule 1: Foster Homes** (Operated Group & Family)—least restrictive; low level of specialized care; staffed with no clinical personnel or medical professionals. Minn. Rules parts 9545.0010 to 9545.0260.
- **Rule 8: Group Homes**—less restrictive; medium level of specialized care; staffed with minimal clinical personnel and medical professionals. Minn. Rules parts 9545.1400 to 9545.1480.
- **Rule 5: Residential Treatment Centers**—most restrictive, high level of specialized care; staffed with clinical personnel and medical professionals.* Minn. Rules parts 9545.0915 to 9545.1125.

*Hospital placements are court ordered and exist under hospital rules.

A Continuum of Care

A single type of placement is not able to address the complex needs of children who cannot be cared for by their birth parents. A variety of options must be available to meet the changing needs of the child. That is why Minnesota has embraced a "continuum of care." This concept includes care from the least intrusive (from a child's point of view) to the most regulated and restrictive environment. The goal is to have family foster care, group homes, and residential treatment centers working together to achieve the best responses for a child within a family support context.

Continuum of Care: Least to Most Restrictive

Emergency Shelter Center	Kinship Foster Care	Group Foster Home	Hospital Care
	Family Foster Care	Therapeutic Foster Home	Residential Treatment Center

The characteristics of the system also include the following:

- A wide range of social services, including mental health and social services, counseling, therapy, group therapy, health care, substance abuse treatment, medication for emotional problems (depression), and respite care. [6]

- A highly regarded training system to prepare caretakers, child protection workers, and others for delivering services and to support that has quality assurance. [7]

- A funding mechanism to support services provided by these program responses. Funding streams include the federal government, under titles IV-B (Child Welfare Services) and IV-E (Federal Payments for Foster Care and Adoption Assistance) of the Social Security Act.[8] County dollars and a small portion of state dollars match the federal contribution.

Oversight and direction are derived from three levels of government: federal, state, and county. Federal guidance prepared in response to the enactment of the Family Preservation and Support Services Act in 1993 provides direction to the States and eligible Indian Tribes in accomplishing the goal of working across the child and family services system to design a continuum of services responsive to the diverse needs of families and children.[9] The state supervises the implementation of the federal mandates and directives, and the county administers the intent, through programs and a span of services.

At the end of the year 2000 (the latest available data), an estimated 18,451 children experienced an incident of out-of-home placement.

62% received care from foster families; 18.6% received care in group facilities; 37.4% received care in residential treatment centers.

In 2000, Minnesota had more than 4,100 foster parents licensed to provide care to almost 11,500 children.

[6] See Appendix II for listing of "Components of the System."
[7] Minnesota Department of Human Services, Children's Research, Planning and Evaluation Division.
[8] "Minnesota Child Welfare Training System": Minnesota Department of Human Services, Family and Children's Services". *Federal Register: November 18, 1996.*
[9] United States General Accounting Office. (June 1995). "Child Welfare Opportunities to Further Enhance". Washington, DC.

Who Are the Children Entering the Child Welfare System?[10]

Reasons for Children's Entry Into Care

Parent Factors

- Seriously ill parents.
- Substance abusing, mentally ill, or cognitively disabled parents enmeshed in violent domestic environments.
- Incarceration, abandonment, death, temporary absence.
- Postpartum mothers actively using alcohol or drugs.

Child Factors

- Fetal alcohol syndrome and fetal alcohol effect.
- Protection from parent, guardian, or caretaker; from neglect, physical abuse, or sexual abuse acts.
- Delinquency
- Disability
- A need for mental health services

Neglect: A Major Factor Contributing to Out-of-Home Care

- Substantiated cases of neglect, typically, have combined elements of poverty, family turmoil, chemical dependency, and sometimes mental illness.
- A major factor contributing to neglect is the use of drugs or alcohol by one or both parents.
- Chronically neglected children are more likely to suffer from physical and sexual abuse.
- Maltreatment deaths were more often associated with neglect than with any other type of abuse.
- The highest victimization rates were for the 0-3 age group.

Neglect: A Major Factor Contributing to Out-of-Home Care

Contrary to common perceptions, neglect and abandonment, not physical abuse, are the major problems that bring children to the attention of county social services. Of more than eleven thousand children with substantiated cases of maltreatment in 1999, more than 77 percent were victims of neglect or abandonment.[1] While physical, sexual, and emotional abuse are still significant factors in the pathways to child welfare (25 percent, 7 percent, and 10 percent, respectively, the total reflecting a slight overlap in categories reported), it should still be emphasized that the major factor that brings children to the attention of county social services is neglect and abandonment.

[10] Minnesota Department of Human Services, Children's Research, Planning and Evaluation Division.

Placement Data for the Year 2000 (last available data)[11]

- 18,451 children experienced an incident of out-of-home placement for one or more days.
- Of 18,451 children in placement, 62% received care from foster families; 18.6% received care in group facilities; 37.4% received care in residential treatment centers. A child may experience more than one placement.

Permanency for Children

87% of children had only one placement, in the year 2000.

More than 86% were reunified with parents or relatives or adopted.

- For all discharges from care, 75% were reunifications with parents; 6.6% with relatives; and 4.6% were adoptions.

The Age Factor[12]

- Infants and toddlers (age 0-3) comprise almost 12% (2,158) of children in out-of-home care.
- Pre-school and school-age (4-11) children's needs are chiefly met by relative and non-relative foster care. Fewer disruptive placements occur with this age group.
- More than 60% of children in care are age 12 or older.

Adolescents

Children age 12 to 18 are the highest proportion of children in out-of-home care in Minnesota

- 162 youngsters reached the age of 18 and aged out of the system in 2000.

Children in Temporary Care

- More than half of the children were in care for less than six months; 27% of the children spent 30 days or less in care during 2000.
- More than 87% of children had only one placement.

Children Do Not Languish in Care

More than half (57%) of the children were in care for less than 6 months in 2000.

Out-of-home placement is considered a brief and temporary episode for most children.

[11] Minnesota Department of Human Services. (June 2001). "Foster Care: Caring for Children in Out-of-Home Placement".

[12] Minnesota Department of Human Services: Children's Research, Planning and Evaluation Division. "Single Age of Children in Out-of-Home Placements". March 11, 2002.

Children in Long-Term Care

- The total number of children remaining in care at the end of 2000 was 8,109. Of these, 2,825 (almost 35%) had been in care for two years or more, and 803 (almost 10%) were wards of the state (parental rights had been terminated). Of the children in long-term care, 346 (15%) were in relative care and 1,903 (84%) were in non-relative care.

- More than 82% of children in long-term care were adolescents between the ages of 12 and 18.

- School-age children age 6 to 11 comprise the largest portion of wards of the state (44%).

Factors of Concern in Placement Data

- Of chemically dependent children who enter the system, 56% are placed in a group homes, 46% are placed in residential treatment, and 39% are placed in treatment foster care.

- Children of color are over-represented in the out-of-home placement system compared to the number of children of color in the general population. [13]

[13] Minnesota Department of Human Services, Children's Services. (April 2002). "Study of Outcomes for African American Children in Minnesota's Child Protection System," Report to the 2002 Minnesota Legislature.

Populations of Concern

To some extent, external factors influence entrance and exits in the child welfare system. Demographic changes, marital disruption trends, the downturn in the economy, poverty, lack of affordable housing, and the infiltration of drugs into deteriorating neighborhoods have significant effects on the capacity of families to maintain their children. Certain mitigating factors may moderate these debilitating conditions: the presence of caring adults; a network of social support; and elements of strong attachment between parent and child. Astute assessment of parental capacity followed by a protective plan for the child is required.

There are some populations of children that require special attention.

Fragile Infants with Medical Conditions

Infants of pregnant and postpartum mothers who were actively using alcohol or drugs present a formidable challenge to the child welfare system. Fetal alcohol syndrome, widely studied, has various neurological effects contributing to developmental delays. When these are combined with "failure to thrive" symptoms and medical conditions requiring intensive care, special recruitment efforts of foster parents are required. Reducing multiple placements is a focus of attention. Whether the "difficulty of care" rates are sufficient and whether respite care and other supports are available are issues that require further study.

Multiple Problem Children Who Are Difficult to Place

Among this group, there are school-age children with multiple disabilities: major health problems; emotional disorders; developmental disabilities; and behavior that is destructive of self and assaultive toward others. Some of these children are involved in juvenile justice. While, the number of young children in such care is small, arrangements for the safety, permanency, and well-being of these children is a daunting challenge. [14]

[14] Barth, R. (2002). "Institutions vs. Foster Homes: The Empirical Base for the Second Century of Debate". Jordan Institute for Families. University of North Carolina, unpublished paper.

Older Adolescents with a History of Multiple Placements

Characteristics Include:

- Few, if any, family resources
- Interlocking conditions
- A history of running, disruption, despite intensive counseling services

Homeless Youth

On any given night in Minnesota, an estimated 660 unaccompanied youth, aged 10-17, are without permanent shelter.

More than 50% are persons of color: African-Americans and Native Americans are particularly overrepresented.

Two-thirds of all homeless youth (67%) have experienced some type of out-of-home placement.

47% percent have been physically abused.

Wilder Foundation Survey of Unaccompanied Youth, October, 2000.

Major health problems, destructive behavioral symptoms, and developmental disabilities add tc the complexity of their profiles. In some cases, vandalism, sexually inappropriate behaviors, and a history of physical assaults compound the difficulties for placement decisions.

"In a given year in Hennepin County, about twenty percent of permanency youth [adolescents in long term care and wards of the state] will experience some kind of problem in placement, and approximately ten percent of permanency youth will experience one or more significant disruptions in placement. This small group of youth spends a considerable amount of time in emergency shelter or 'on run.' Averaging fifteen years of age, these youth are on the way to 'aging out' of the foster care system without experiencing a stable home or family. They are not on track academically, are at various stages of involvement with the juvenile court system, and are generally ill prepared for independent living."[15] In Hennepin County it is estimated that 70-85 are in this group. A vigorous program to create specialized small group placements for these older adolescents is underway in Hennepin County.[16]

Homeless Native American Youth

Native American youth represent a special issue related to homeless children. Unfortunately within this community there are disproportionate rates of disruptive family conditions and poverty, which contribute to homelessness. A high number are runaways from shelter and family foster care. These children face survival difficulties and school attendance issues. At "Four Directions," the charter school serving Native American students at risk of academic failure, 22% of the children are homeless. In addition, female students enter relationships with adult men in exchange for a place to stay and often become pregnant.[17]

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[15] Hennepin County Children and Family Services Department. (2001) *Recommendations for the Solicitation of Permanency Services for State Wards and Long-Term Foster Care Youth.*

[16] Miller, Karen. (April 2002). Children Family and Adult Services Department. "Developing a System of Care for High Risk State Wards and Long Term Foster Care Youth". Hennepin County.

[17] Buchanaga, Gertrude. Upper Midwest Indian Center.

Adolescents Needing an Acute Care Response in a Hospital Setting[18]

Adolescents needing an acute care response in a hospital setting deserve a Minnesota study to examine the origins and responses to the pathway of these children through the labyrinth of social services. There are 64 beds available for short-term hospital care, usually 40 days or less (40 beds in Willmar; 24 in Brainerd). Typically, these are for older adolescents (12-18) with serious substance abuse symptoms, coupled with severe emotional disturbance. Admission and discharge decisions are usually governed by team conferences. These youngsters have had experiences with multiple placements. A resident psychiatrist is an important resource in these placements. An evaluative study of this use of hospitalization for acute care is not available.

Children in Large Sibling Groups

The recruitment of family foster homes for these children is a strenuous task. Large sibling groups require enormous attention such as searches for relative placements which may lead to interstate placements. Attention must be paid to visitation and on-going contact if siblings are separated. As a result, during review hearings, intense discussion takes place on whether recruitment should be for the entire group or a sub-group such as: children of different fathers in the same family who may not be bonded; special needs of some of the children; a history of relative placements with various constellations of relative/kin such as older children with maternal aunts and younger children with grandparents. In some instances, the children are separated from their sibling groups because of the differing therapeutic needs of each sibling. The permission of the Commissioner of the Minnesota Department of Human Services must be also be obtained before the siblings are separated for purposes of adoption.

Observations on Sibling Placements

- In Hennepin County, of 1,718 children in placement in March 2002, 823 (48%) have no siblings in placement.
- Among children in placement, 895 (52%) have one or more siblings in placement.
- Of the children with siblings in placement, two-thirds (396) are placed together and one-third (207) are in a split sibling group.
- Among the reasons for children not being placed together, the following have been identified:
  - -- assault or sexual perpetration
  - -- large sibling groups voluntarily shared among relatives
  - -- a sibling placed in a RTC or correctional facility or on the run

[18] Telephone conversation with Mike Tessner, Minnesota Department of Human Services, February 28, 2002.

The following reminds us that there are some foster parents, unacknowledged saints, who will undertake the daunting task of providing a family life for large sibling groups.

An Experience from an Adoptive Parent[19]

> "I adopted a sibling group. I can have over ten separate medical appointments per child, in one month. We see occupational therapists, psychiatrists, orthopedists, optometrists, cardiologists, neurologists, urologists, neurosurgeons and more. Everyday events take time, care, and patience—things like getting dressed, eating, toileting, bathing, as well as behavioral issues, positioning equipment, moving from room to room. . . .
>
> We have had to change our entire lifestyle. It redefines any trip outside the house. Going to a family friend's hour, we will need a plan in case there is a behavioral problem. Planning for trips is overwhelming with equipment needs like meds, toilet seat, bed rail, stander, bench, knee immobilizers and more. Forget about a night sleep. Many kids in the adoption system have neurological or emotional problems and can't sleep easily or through the night. All of our plans for the future have to be adjusted. They will never be able to stay home alone, even in their 20's. Who will take care of them when we are too old?"

Adolescent Parents and Children in the Correctional System

These two groups of high-risk children are not addressed in this paper. While child protection may be involved, other systems are more clearly implicated in their well-being and are studied extensively. [20] The children of particular concern are those who cross over from child welfare into the correction system. These are chiefly young adolescents. Who appears for the best interests of these children in sentencing and probation, if they have been in the foster care system, separated from parents? This deserves a collaborative study with child protection and the juvenile court system.

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[19] Minnesota Department of Human Services. (February 12, 2002). "Report to the Legislature on the Single Benefit Package for Children Experiencing Out-of-Home Placement".

[20] "Delinquents Under Ten: Targeting the Young Offender". Institute of Criminal Justice, University of Minnesota Law School. ; and "Assessing the Impact of Welfare Reform on Teen Parents: A Planning Activity Led by the Minnesota Organization on Adolescent Pregnancy, Prevention and Parenting." September 2000. St. Paul, Minnesota.

What Works and What Doesn't: Evidence from the Field

Placement in Large Institutions is Unsuitable for Young Children

- Young children in institutional care are extremely vulnerable to medical and psychological problems.[21]
- Children with mild behavior problems deteriorate during institutional placement.[22]
- Children with Severe Emotional Disturbance worsen when placed in large-scale institutional care.[23]

Note: Wisconsin, along with other states, prohibits the placement of children under 12 in institutional care.

Young Children in Family Settings Have Better Developmental Outcomes

- Outcomes for positive emotional and social development and attachment relationships are more favorable for children in family foster care and kinship care.[24]

Permanency, a Stable Placement for Children with Lifetime Attachments, is Lessened Under Institutional Care

- Children are less likely to achieve permanency when placed in institutional care, as opposed to foster and kinship care. [25]
- Strong visitation programs with parents, kin, and siblings are not usually emphasized in large-scale institutional care. [26]

[21] Frank, D., Klass, P., Earls, F., & Eisenberg, I. (1996). "Infants and Young Children in Orphanages: One View from Pediatrics and Child Psychiatry". *Pediatrics*, 97(4), 569-578.

[22] Little, M. "Debating the Options for Adolescents at Risk," Forum at the University of Minnesota. December 5, 2001.

[23] Tizard, B. & Rees, J. (1975). "The Effect of Early Institutional Rearing on the Development of Eight-Year-Old Children". *The Journal of Child Psychology and Psychiatry, 19*. 99-118.

[24] Berrick, J.B., Barth, R.P., Needell, B. & Jonson-Reid, M. (1997). "Group Care and Young Children". *Social Services Review*, 71, 257-274.

[25] Barth, R. (2002). "Institutions vs. Foster Homes: The Empirical Base for the Second Century of Debate". Jordan Institute for Families. University of North Carolina, unpublished paper.

[26] Courtney, M.E., Piliavin, I., Grogan-Kaylor, A. & Nesmith, A. (2001). "Foster Youth Transitions to Adulthood: A Longitudinal View of Youth Leaving Care". *Child Welfare*, 80(6), 685-717.

Permanency is More Likely to be Achieved in Family Foster Care and Kinship Placement

- Children in kinship care experienced more stability in care than in other kinds of placements.[27]

- Family foster care works directly toward family reunification, adoption, or transitional living support.[28]

An Emphasis on Family Involvement is Neglected in Large Institutions

- Family involvement is strongly associated with obtaining better outcomes for adolescents with serious mental health problems.[29]

- Services required to help with the transition back into the community (schools, recreation, community-based health services) are usually not emphasized in large-scale institutional care settings. Little evidence exists that attention is paid to aftercare transitions.[30]

Factors Increasing Cross-over from Child Welfare to Juvenile Justice[31]

- Children with multiple placements and multiple spells have increased rates of incarceration

- Unsuccessful family reunification contributes to increased rates of youth incarceration. [32]

Factors Increasing Rates of Incarceration

Multiple spells, multiple placements, minority ethnic status, entering care prior to the age of fourteen, prior abuse, male sex, and unsuccessful family reunification all significantly contribute in increased rates of youth incarceration.

Factors that Decrease the Rates of Incarceration

- Children who enter care after the age of fourteen have decreased rates of incarceration

- Children removed from the home due to abuse who received therapeutic treatment are less likely to commit a juvenile crime.

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[27] Webster, D., Barth, R.P., & Needell, B. (2000). "Placement Stability for Children in Foster Care: A Longitudinal Analysis". *Child Welfare*, 79, 614-632.

[28] Minnesota Statutes 256F.01.

[29] Whittaker, J.K. (2000). *What Works in Residential Care and Treatment: Partnerships With Families. In M Kluger, G. Alexander and P. Curtis (Eds.) What Works In Child Welfare?* (177-186). Washington, DC, Child Welfare League of America.

[30] Leichtman, M., Leichtman, M.L., Barber, C.C., & Neese, T. (2001). "Effectiveness of Intensive Short-Term Residential Treatment with Severely Disturbed Adolescents". *American Journal of Orthopsychiatry*, 71(2), 227-235.

[31] Jonson-Reid, M. & Barth, R. (2000). "From Placement to Prison: The Path to Adolescent Incarceration from Child Welfare Supervised Foster or Group Care". *Child and Youth Services Review*, 22(7), 493-516.

[32] Jonson-Reid, M. & Barth, R. (2000). "From Placement to Prison: The Path to Adolescent Incarceration from Child Welfare Supervised Foster or Group Care". *Child and Youth Services Review*, 22(7), 493-516.

What Services Remain Substantially Underfunded?

Mental Health Services for Children in Placement[33]

- Therapeutic family foster care, day treatment, residential treatment centers, and 74 beds in state institutions at Willmar and Brainerd exist to respond to children with emotional disturbances, but access, especially in rural areas, is limited.

- The Minnesota estimate of children 9-17 who can be assessed as Severely Emotionally Disturbed (SED) is 27, 239, but less than half received mental health services.[34] Precise numbers of children in out-of-home care requiring mental health services is not available.

- Family involvement and community services are essential in aftercare services if gains made in residential treatment can be sustained.[35]

- Adolescents who had spells in group care required extensive services to help with the transition back into the community (schools, recreation, community-based health services).[36] These services are not widely available.

More Services Are Needed For Independent Living

- One-third of youngsters in a follow-up study regarding "aging out" of the system felt unprepared for independent living—suggesting the need for a strong program to help these youngsters live on their own.[37] Minnesota requires a follow-up study to evaluate our independent living services.

- Programs to be used for the expansion of new models, pilot projects, and specialized services for youth ages 14-21 for support of emancipation from the child welfare system are currently under discussion. Transitional housing, a support system, and counseling services are needed.[38]

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[33] State Advisory Council on Mental Health. (2000). "A Report on the 1999 Public Hearings on Adult and Children's Mental Health". Report to the Governor and Legislature.

[34] Minnesota Department of Human Services. "Service Utilization Table for Children with Emotional Disturbance".

[35] Whittaker, J.K. (2000). *What Works in Residential Care and Treatment: Partnerships With Families. In M. Kluger, G. Alexander and P. Curtis (Eds.) What Works In Child Welfare?* (177-186). Washington, DC, Child Welfare League of America.

[36] Leichtman, M., Leichtman, M.L., Barber, C.C., & Neese, T. (2001). "Effectiveness of Intensive Short-Term Residential Treatment with Severely Disturbed Adolescents". *American Journal of Orthopsychiatry*, 71(2), 227-235.

[37] Courtney, M.E., Piliavin, I., Grogan-Kaylor, A. & Nesmith, A. (2001). "Foster Youth Transitions to Adulthood: A Longitudinal View of Youth Leaving Care". *Child Welfare*, 80(6), 685-717.

[38] The SELF Program (Support for Emancipation and Living Functionally). Children's Services Division, Minnesota Department of Human Services.

Do Educational Academies Offer an Option?

The Residential Educational Academy

In 1998, then Governor Arne Carlson signed the nation's first legislation forming state-supported residential educational academies. These educational academies were funded by a $12 million legislative appropriation. The academies are intended to offer a safe environment for children who do not function or perform well in traditional schools. Enrollment is voluntary and children must demonstrate a desire to become a student at the academy. Referrals are accepted from the student's parent or guardian, county of residence, school, health care provider, or the judicial system. However, a student cannot be sentenced to an educational academy.[39]

Who benefits?

Voluntary participants may benefit if they are:

- 12 years or older
- intellectually competent
- functional in their social relationships
- from a generally stable family environment

> ***Quotation from Dr. Michael Little:***
>
> "Every effective children's services system has some residential provision.
>
> The question is how much? For whom? What type?"
>
> "Debating the Options for Adolescents at Risk," Forum at the University of Minnesota, December 5, 2001.

According to Michael Little, research fellow at Chapin Hall Center for Children, University of Chicago, and Dartington Hall, Great Britain, quality residential placements are those that are small in size, have a leader who has a clear idea of what the purpose of the residential institution is, has a competent administrator, and encourages contact with family members.

At this time, the legacy of Governor Carlson's initiative remains with Synergy Academy, a 64-bed residential academy in North Minneapolis for fourth to sixth graders (few enrollees) and the Covenant Academy[40] in Faribault, with 40 beds (licensed for 80 enrollees). There are 12 enrollees at this time.

An account of the implementation and early experiences of these two educational academies is not available.

An earlier appropriation for an academy in Gilbert, Minnesota was rejected by the municipality.

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[39] "Governor Carlson Announces More Residential Academies". *Capitol Roundup December 11, 1998.*

[40] "Covenant Academy is a year-round boarding school offering 7th to 12 grade students a quality education in a supportive living environment. Located in Faribault, Minnesota, the co-ed school serves youth who show academic promise, but need a stable living environment to flourish. Academy students develop academic, leadership, and life skills in partnership with adult role models, and where possible, their families."
"Mission Statement" (2001). Covenant Academy of Minnesota Brochure. Catholic Charities.

The momentum of support for the institutional care of children is driven by a tangle of mixed motives. Certainly, one strand is the belief that the current child welfare system is broken, unable to protect children. The image that is frequently invoked is that of children trapped in foster homes, constantly moving through a series of placements, drifting, in harm's way, through a traumatized childhood. These assertions are factually incorrect. In Minnesota, most children are not languishing in care. The data is clear: more than half of the children were in care for less than six months. Further, more than two-thirds of children had only one placement.

Discussion[41]

> The momentum of support for the institutional care of children is driven by a tangle of mixed motives. Certainly, one strand is the belief that the current child welfare system is broken, unable to protect children. The image that is frequently invoked is that of children trapped in foster homes, constantly moving through a series of placements, drifting, in harm's way, through a traumatized childhood. These assertions are factually incorrect. In Minnesota, most children are not languishing in care. The data is clear: more than half of the children were in care for less than six months. Further, more than two-thirds of children had only one placement.

The preference for placing children who cannot live at home in family care has been a hallmark of Minnesota's Child Welfare System. The data affirms that 62% of children are in a foster family setting, both kin and non-kin. Moreover, a central component of successful child welfare, is the effort for family reunification, when appropriate and possible. Here the data is significant: 75% of children in placement are reunified with parents; more than 6% with relatives. This substantial record stands in contrast to reports of large-scale institutional care. Historically, these institutions have done little to heal or reunite families, choosing instead to supplement or, in some cases, to replace the elements of family life.

Reunification is not a casual step in a child's pathway through the child welfare system. The importance of family ties to parents, grandparents (more than one-third of placements are with grandparents and maternal aunts), and siblings is a matter of concern throughout placement. Families and foster parents play an important social support role over a lifetime. In a study of foster youth beginning their independent life, older adolescents provided these observations: although circumstances of their parents' lives were troubling, and there was little desire to live with their birth families again, keeping in touch was very important.[42]

> The emphasis on maintaining family connections is central to best practices.

Another feature of Minnesota's Child Welfare System is its development of a continuum of services. The complex needs of children entering the system require the availability of a span of services from the least to the most restrictive. The ideal is to place children close to their community, schools, and kinship and friendship networks. A report to measure our progress toward this goal with regard to children's mental health services tell us we have far to go to meet this ideal.[43]

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[41] Minnesota Department of Human Services, Children's Research Planning and Evaluation, data from 2000.

[42] Courtney, M.E., Piliavin, I., Grogan-Kaylor, A. & Nesmith, A. (2001). "Foster Youth Transitions to Adulthood: A Longitudinal View of Youth Leaving Care". *Child Welfare*, 80(6), 685-717.

[43] State Advisory Council on Mental Health. (2000). "A Report on the 1999 Public Hearings on Adult and Children's Mental Health". Report to the Governor and Legislature.

Finally, the issue of racial disparities is a persistent concern. A recent report, "Study of Outcomes for African American Children in Minnesota's Child Protection System," outlines the issue.[44]

Can large-scale residential institutions remedy the racial disparities in the child welfare system? There are historical and cultural factors that would signal a cautionary note.

The reluctance of families to voluntarily place their children in institutional care is linked to historical experience: residential care for American Indian children living in Minnesota may evoke painful memories of the boarding school period in American Indian history, when children were forcibly removed from parents to destroy the memory and linkages to native culture. Further, residential care for African-American children carries overtones of correctional facilities. Community response is likely to be cool, if not rejecting of institutional care for children of color.

[44] Minnesota Department of Human Services, Children's Services. (April 2002). "Study of Outcomes for African American Children in Minnesota's Child Protection System," Report to the 2002 Minnesota Legislature.

Recommendations

Unquestionably, our responses to assure a safe and nurturing family with life-long attachments for every child are incomplete. The child welfare system is always in a state of discovery: searching for ways to improve the mandate to protect children from harm and assure their well-being. We have outlined, in this paper, some serious concerns with special groups of very young children, some school-age children, and older adolescents. The focus of our attention should be directed toward meeting the needs of these high-risk children.

There are several items that merit attention.

Maintaining the Stability of Families Following Reunification

Minnesota has an excellent record in reunification (more than 81% are returned to families or relatives within a year). Not well documented, however, is the efficiency and effectiveness of social service support that follows reunification. Parental substance abuse, competency limitations, and a lack of quality support are variables for re-entry. Many of these families are referred to community-based agencies, and the extent to which these agencies can help these families maintain their children in a healthy and safe environment requires study.

Strengthening Kinship Care

The high proportion of African-American and American Indian children in kinship care is well-documented.

The extent to which mental health services, counseling, and respite care are available to stabilize relative placements deserves special attention.

Improving Mental Health Services to Children in Foster Care

Over 27,000 children, ages 9-12, had behaviors that indicated severe emotional disturbance, but less than half could access assessment.[45] The proportion of these children in out-of-home care is not available, but one can deduce it is significant. It is difficult to gauge the intensity of suffering of children in chronically neglecting families or in families where physical and sexual abuse in prevalent.

The separation of children from birth families is undertaken only when imminent harm can be demonstrated. We cannot measure the extent of suffering from abuse and neglect before placement takes place.

Moreover, one cannot underestimate the trauma of loss and separation, even from neglecting and abusive parents. Family foster care has established a record of repairing a child's emotional distress. Nonetheless, the extent to which we have a sufficiency of mental health services deserves attention.

[45] Minnesota Department of Human Services. "Service Utilization Table for Children with Emotional Disturbance".

Preparation for Independent Living

Adolescents "age out" of the system at 18, but may receive services until 21. Programs and services are in place for working with these youngsters, at 16 or younger if indicated, to develop independent living plans. Attention is paid to this issue,[46] but the question of whether funding is sufficient for the need or it is simply an unfunded mandate requires serious scrutiny.

Evaluation Studies to be Initiated

The assessment and treatment of very young children, as well as older adolescents in multiple placements, remain as serious concerns. Evaluation studies of current responses are in order.

The response of the Covenant Educational Academy, as an option for foster care children with educational deficits, should be evaluated with care. At this time, it remains as the primary legacy of Governor Carlson's initiative for older adolescents. Its place in the continuum of services is open to question.

Cost of Care

Finally, items for a study must also include the cost of care. Any proposal for a large-scale institution requires financial scrutiny. On average, large scale institutions for children require disproportionate shares of local and state child welfare budgets to finance their operation. Conservative estimates show institutional care costs three times that of foster care, and in some instances, up to seven times as much. Daily costs range from $75 to $400.[47] In Minnesota, the cost of residential treatment (Rule 5) in 1999 was approximately 29% of the cost of all publicly-funded services.[48]

There is little evidence available on how a privately-funded institution maintains its private status. Most proposals suggest that they will depend, in part, on an infusion of tax dollars. How much and for what length of time a public subsidy will be required has not been disclosed.

Further, a reminder: the state retains the responsibility to protect the constitutional rights of children and families in the child welfare system. While the state may delegate some "functions" to the private, non-profit sector, the ultimate responsibility belongs to the state. Any litigation that arises because of allegations of institutional abuse requires attention as an unintended and costly consequence of using institutional care.

Final Recommendation

From the foregoing, we conclude that we should enact a moratorium and require a study of children's needs before we seriously consider support for large-scale institutional care, "the orphanage" for children.

We trust that important policy decisions, especially those dealing with high-stake outcomes, the care of vulnerable children for whom we are responsible, will be based on the needs of children and not on whim or unexamined ideology.

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[46] The SELF Program (Support for Emancipation and Living Functionally). Children's Services Division, Minnesota Department of Human Services.

[47] Barth, R. (2002). "Institutions vs. Foster Homes: The Empirical Base for the Second Century of Debate". Jordan Institute for Families. University of North Carolina, unpublished paper.

[48] Minnesota Department of Human Services. "Service Utilization Table for Children with Emotional Disturbance". 1999

Appendix I
Federal Policy Framework for Child Welfare Practice

This appendix is available upon request from
Mary Kaye LaPointe at 612-625-6550

Appendix II

Components of the System of Care[49]

Mental Health Services	Prevention Early Identification and Intervention Assessment Outpatient Treatment Home-Based Services Day Treatment Emergency Services Therapeutic Foster Care Therapeutic Group Care Therapeutic Camp Services Therapeutic Living Services Residential Treatment Services Crisis Residential Services Inpatient Hospitalization
Health Services	Health Education and Prevention Screening and Assessment Primary Care Acute Care Long-Term Care
Education Services	Assessment and Planning Resource Rooms Self-Contained Special Education Special Schools Home-Bound Instruction Residential Schools Alternative Programs
Vocation Services	Career Education Vocational Assessment Job Survival Skills Training Vocational Skills Training Work Experiences Job Finding, Placement, and Retention services Sheltered Employment
Social Services	Protective Services Financial Services Home Aid Services Respite Care Foster Care Adoption
Recreation Services	Relationships with Significant Others After School Programs Summer camps Special recreational projects
Operation Services	Case Management Self-Help and Support Groups Advocacy Transportation Legal services Volunteer programs.

[49] Adapted from "A System of Care for Severely Emotionally Disturbed Children & Youth". (1989). Monograph, National Institute of Mental Health.

Appendix III

Reviving the Orphanage Option for Children Who Cannot Remain in the Family: An Historical Note[50]

The care of children in orphanages is primarily a 19th century phenomenon that was phased out in the latter half of the 20th century.

The most common reason for placement in the 20th century was the condition of families who were temporarily unable to care for their children due to a lack of finances; children born out of wedlock; and children who were wards of the state. During this time, orphanages acted autonomously by selecting the children they chose to receive and the families they chose to work with.

However, the predominant use of orphanages steadily declined following decades of public debate regarding the negative affects of large-scale institutional care on the development of children and the conclusion that family care was in the best interests of the child.

Opponents of orphanages insisted that children cared for in institutions were ill prepared for independent living: had difficulties developing community attachments, family relationships, and economic self-sufficiency. With little experience in family life, they encountered problems in intimate relationships, the comfortable expressions of opinions, and negotiating the every day exchanges that are part of a family environment. As a result, orphanages were found to be an inadequate alternative to family life and lacking in the ability to prepare children for adult life.

While there has been a recent resurgence of public support for orphanages, the clinical findings remain the same; children, especially those with specific needs, are best served in family care settings.

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